

To: Ms Asher

## PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVE 2 #01-02

SINGAPORE 486443

TEL: 65446671 FAX: 62141511

CO. REG: 200707743D GST REG: 200707743D

Our Ref: SHC6849T/SR

### WITHOUT PREJUDICE

3 June 2019

(By Email Only)

**Attn: The Motor Claims Department**

China Taiping Insurance (Singapore) Pte Ltd

3 Anson Road #16-00

Springleaf Tower

Singapore 079909

Dear Sir/Madam

### **ACCIDENT INVOLVING SHC6849T AND SGU5986D ALONG TAN QUEE LAN STREET ON 07.04.2019**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHC6849T**, to claim against the party/parties responsible for the damages arising from the above-mentioned accident.

Our records show that you are the insurers of vehicle number: **SGU5986D** at the material time of the accident with the driver of our client's vehicle, **Mr. Soh Koon Lim**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SGU5986D**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair (Incl. GST)	\$ 620.60
(2) Loss of Rental – 2 Days @\$100.39 per day	\$ 200.78
(3) Loss of Income – 2 Days @\$100.00 per day	\$ 200.00
(4) GIA Search fee	\$ 2.00
	<b><u>\$1,023.38</u></b>

A copy of each of the following supporting documents is enclosed:

- (1) GIA report & sketch plan of **SHC6849T**
- (2) Driver's I/C and Driving License
- (3) Final repair bill
- (4) Vehicle Registration card, Certificate of Insurance, Certification Letter
- (5) Check In/Out Voucher
- (6) GIA search

## **PREMIER AUTOMOTIVE SERVICES PTE LTD**

23 CHANGI SOUTH AVE 2 #01-02

SINGAPORE 486443

TEL: 65446671 FAX: 62141511

CO. REG: 200707743D GST REG: 200707743D

Our Ref: SHC6849T/SR

We would appreciate if you could look into the subject matter and let us have your favorable offer within 14 days. If you are agreeable to the settlement of the above said claims, please forward us your discharge voucher as for our client's signature and payment made to "Premier Automotive Services Pte Ltd".

Please note that if we do not hear from you within the stipulated 14 days, we will have no alternative but to appoint our solicitor to act on our behalf to commence proceedings against you without further notice to you.

Yours faithfully,



---

Claims Department – Shafawati Md Rabu

Email: [shafawati.rabu@premiertaxi.com](mailto:shafawati.rabu@premiertaxi.com)

DID: 64100946

NB: We encourage all parties to liaise with us via email to expedite all matters

PS: Please quote our reference no when replying

c.c. Client – Premier Taxis Pte Ltd

**Asher Sng (LKKAUTO)**

---

**From:** Asher Sng (LKKAUTO)  
**Sent:** Thursday, 3 October 2019 4:12 PM  
**To:** JOECHIA@GRANDVIN.COM.SG  
**Subject:** ACCIDENT INVOLVING SGU 5986D AND SHC 6849T ON 07/04/2019

**Our Ref: CC3/CTI19006237/K1eb3**

03 OCT 2019

**CHIA CHEE KIONG**

Dear Sir/Madam,

**ACCIDENT INVOLVING SGU 5986D AND SHC 6849T ON 07/04/2019**

We refer to the above accident where we are acting for China Taiping Insurance (Singapore) Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Kindly note that we have reviewed this matter and would like to advise that you and/or your authorized driver may not be absolved from blame for this accident.

If you have evidence/information to prove that we should not settle the third party claim, kindly let us have them in writing within the next 10 day, after we shall proceed with negotiation with Third Party claimant on the **without prejudice basis** and any settlement should not bind any claims whatsoever by you/your driver against the other party's insurer arising from this particular accident.

Please call us if you have further queries.

Yours faithfully,

Asher  
Case Handler  
DID: 6841 6051  
FAX: 6741 4108  
Email: [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com)

c.c. China Taiping Insurance (Singapore) Pte Ltd  
(Motor Claims Dept)

**WITHOUT PREJUDICE**

China Taiping Insurance (Singapore) Pte Ltd  
3 Anson Road #16-00  
Springleaf Tower  
Singapore 079909



Attn: **The Motor Claims Department**

Dear Sir/Madam,

**ACCIDENT INVOLVING SHC6849T AND SGU5986D ALONG TAN QUEE LAN STREET ON 07.04.2019**

We, Premier Taxis Pte Ltd, the registered owner of vehicle No: **SHC6849T**. We, hereby authorize the said workshop, M/s Premier Automotive Services Pte Ltd to execute sign discharge voucher/Indemnity forms and all necessary documents in connection with and arising out of the above claim, and collect all compensation monies due to us from you or any other party, regarding the said accident.

Thank You.

  
  
\_\_\_\_\_  
Premier Taxis Pte Ltd  
Authorized Signatory

Date 7/12/19

This Settlement excludes any  
bodily injuries arising out of the  
above said accident and pertains  
to property damage only

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3006141900

Claim No : SNM1A0201589

Claimant : PREMIER TAXIS PTE LTD

Amount : S\$450.00

DOLLARS FOUR HUNDRED AND FIFTY ONLY

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : SHC 6849T

Insured Vehicle No. : SGU 5986D

Date of Loss : 07/04/2019

Place of Accident : TAN QUEE LAN STREET

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : CHIA CHEE KIONG

Driver Name : CHIA CHEE KIONG

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

---

(1) Global Sum	S\$ 450.00
	=====
TOTAL . . . . .	S\$ 450.00
	=====

---

Claimant Name : PREMIER TAXIS PTE LTD

NRIC No :

Signature :


Date :

21/2/19

PREMIER TAXIS PTE LTD  
 23 CHANGI SOUTH AVENUE 2 #03-02  
 SINGAPORE 486443

**TAX INVOICE**

DATE 22-May-2019  
 PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6849 T			\$ 580.00
TOTAL REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 580.00
GST @ 7%				\$ 40.60
GRAND TOTAL				\$ 620.60



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



11 April 2019

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

This letter serves to inform that Wong Chan Koon of NRIC Number S7231839J is a registered driver of SHC6849T. Wong Chan Koon is paying daily rental rate of \$100.39 (Inclusive of GST).

Should you require further information, please contact us at 6214 8880.

Thank you.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Kellie Poh'.

Kellie Poh

Administration Manager

Prepared By: Hasnah

PREMIER TAXIS PTE LTD  
23 Changi South Avenue 2  
#03-02  
Singapore 485443  
Telephone: +65 6214 8880 Fax: +65 6214 0330  
[www.premiertaxi.com](http://www.premiertaxi.com)  
Co. Reg. No. 200304975H



REPLACEMENT VEH GIVEN YES / NO

VEH NO. \_\_\_\_\_

JOB NO. \_\_\_\_\_

## CHECK IN / OUT VOUCHER

DRIVER'S NAME <u>SOH KOON LIM</u> <u>CRELIEP</u>											
NRIC <u>S1418261F</u>	HANDPHONE <u>83549028</u>										
TAXI REGN NO. <u>SHC68497</u>	MAKE / MODEL <u>KO2</u>										
DATE IN <u>080419</u> TIME IN <u>1100</u>	DATE OUT <u>090419</u> TIME OUT <u>1740</u>										
KILOMETRES IN <u>306247</u> FUEL IN <table border="1"><tr><td>E</td><td>1/4</td><td>1/2</td><td>3/4</td><td>F</td></tr></table>	E	1/4	1/2	3/4	F	KILOMETRES OUT <table border="1"><tr><td>E</td><td>1/4</td><td>1/2</td><td>3/4</td><td>F</td></tr></table>	E	1/4	1/2	3/4	F
E	1/4	1/2	3/4	F							
E	1/4	1/2	3/4	F							

TAXI METER DOWNLOADED

YES

NO

DATE / TIME TOWED IN TO WORKSHOP

D O M M Y Y : H H M M

DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION

D O M M Y Y : H H M M

I ACKNOWLEDGE AND CONFIRM THAT I HAVE EXAMINED THE ABOVE SAID VEHICLE AND THAT THE SAME IS IN GOOD CONDITION AND TO MY SATISFACTION IN EVERY RESPECT TOGETHER WITH THE ACCESSORIES / ITEMS LIST ABOVE. THIS VOUCHER IS USED IN CONJUNCTION WITH THE TERM RENTAL AGREEMENT.

## CHECK IN

Soh Koon Lim

DRIVER'S NAME

[Signature] X

DRIVER'S SIGNATURE / DATE / TIME

[Signature]CHECKED IN BY  
(PREMIER'S AUTHORISED WORKSHOP)

## CHECK OUT

Wong CK X

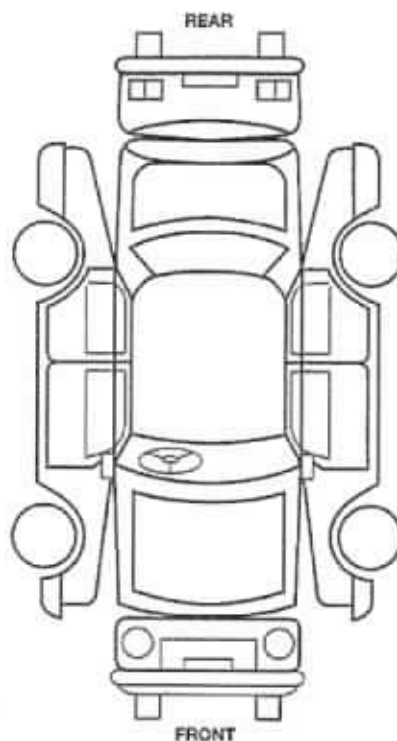
DRIVER'S NAME

Wong CK X

DRIVER'S SIGNATURE / DATE / TIME

[Signature]CHECKED OUT BY  
(PREMIER'S AUTHORISED WORKSHOP)

INDICATE AREA OF DAMAGE HERE:



## BODY MARKINGS

- 1 - Light Dent
- 2 - Serious Dent
- 3 - Light Scratch
- 4 - Serious Scratch

- 5 - Damaged
- 6 - Chip
- 7 - Crack
- 8 - Peeling

SERVICE / REPAIRS DONE	DRIVER'S REMARKS																				
<table border="0"><tr><td><input type="checkbox"/> SERVICING</td><td><input type="checkbox"/> OTHERS:</td></tr><tr><td><input type="checkbox"/> T / BELT</td><td></td></tr><tr><td><input type="checkbox"/> AIRCON SYSTEM</td><td><input checked="" type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT:</td></tr><tr><td><input type="checkbox"/> TURBO</td><td><u>070419 1335</u></td></tr><tr><td><input type="checkbox"/> BRAKE SYSTEM</td><td></td></tr><tr><td><input type="checkbox"/> CLUTCH SYSTEM</td><td></td></tr><tr><td><input type="checkbox"/> BULB</td><td><u>TP/V</u></td></tr><tr><td><input type="checkbox"/> UNDER CARRIAGE</td><td></td></tr><tr><td><input type="checkbox"/> CPF</td><td></td></tr><tr><td><input type="checkbox"/> BATTERY</td><td></td></tr></table>	<input type="checkbox"/> SERVICING	<input type="checkbox"/> OTHERS:	<input type="checkbox"/> T / BELT		<input type="checkbox"/> AIRCON SYSTEM	<input checked="" type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT:	<input type="checkbox"/> TURBO	<u>070419 1335</u>	<input type="checkbox"/> BRAKE SYSTEM		<input type="checkbox"/> CLUTCH SYSTEM		<input type="checkbox"/> BULB	<u>TP/V</u>	<input type="checkbox"/> UNDER CARRIAGE		<input type="checkbox"/> CPF		<input type="checkbox"/> BATTERY		
<input type="checkbox"/> SERVICING	<input type="checkbox"/> OTHERS:																				
<input type="checkbox"/> T / BELT																					
<input type="checkbox"/> AIRCON SYSTEM	<input checked="" type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT:																				
<input type="checkbox"/> TURBO	<u>070419 1335</u>																				
<input type="checkbox"/> BRAKE SYSTEM																					
<input type="checkbox"/> CLUTCH SYSTEM																					
<input type="checkbox"/> BULB	<u>TP/V</u>																				
<input type="checkbox"/> UNDER CARRIAGE																					
<input type="checkbox"/> CPF																					
<input type="checkbox"/> BATTERY																					





RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**Third Party Insurer Enquiry**

Our Ref No: GR-19-054543

Date of Request: 08/04/2019

Your Ref No: Online Purchase

Premier Automotive Services Pte Ltd  
23 Changi South Ave 2  
#01-02  
Singapore 486443

Dear Sir/Madam,

Enquiry Date 08/04/2019

Enquiry By VINCENT CHUA WEE AN

TP Vehicle No. SGU5986D

Accident Date 07/04/2019

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SGU5986D	China Taiping Insurance (Singapore) Pte. Ltd.	19/01/2019-18/01/2020	6389 6111

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-19-054543  
Date of Request: 08/04/2019

Your Ref No: Online Purchase

Premier Automotive Services Pte Ltd  
23 Changi South Ave 2  
#01-02  
Singapore 486443

Dear Sir/Madam,

Enquiry Date: 08/04/2019  
Enquiry By: VINCENT CHUA WEE AN  
TP Vehicle No: SGU5986D  
Accident Date: 07/04/2019

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

---

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque